... -. vinading Ink.—This is a Perman Rec. ...

order .	PLACE OF BIRTH ARIZONA TERRITORIAL BOARD OF HEAL	TH
크림	County of Alla BUREAU OF VITAL STATISTICS.	,
d 299	District of J. fg CERTIFICATE OF BIRTH. Ter. Index No.	5 \$3-
er of	Town of Holl Ares	
number the Loca	City of (No 232 Me Kinney Paso St.;	Ward)
के स् स	FULL NAME OF CHILD Aurin Mussatto	lv
) ii 3	If child is not named, make Supplemental report on blank obtainable from local registrar.	1300
must be made for each, and the Physician or Midwilfe with	Sex of Jamel Twin, Triplet Child Jamel Or other and in order of birth Birth aug. 28	909
an or	Full Name Father Mussatto Full Month (Day) Manue Trul Mussatto Major Orsala Mussatto	(<u>Veaf)</u>
must b	Residence Globe and Residence Illola ain	
RETURN	Color or Race Malian Age at last Birthday (Years) Color or Race Malian Age at last Birthday (Years)	
TATE R	Birthplace Wally	
SEPARATE	Occupation Miner Occupation House Wife	
birth, s must be	Number of child of this mother 2. Number of children, of this mother, now living 2. Were precautions taken against Ophthalmia neonators	m7)
ld at a	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	T
e chi certii	I hereby certify that I attended the birth of above child; and that it occurred or 1109, 1909, at 20	05 M
ase of more than on irth, stated. This days after birth.		
ore ted.	Given or christian name added from a (Attending physician, midwife, householder. *)	
of m b, sta ys af	supplemental report 19 Filed 1 1900 Address	
birth 5 day	By Zwy Turk	
B.—11	Filed Sup 16" 1909 R S FINT THE REGISTRAN	
E	COUNTY REGISTERS. 146 -824 - 746	